

Instructions:

The Grand Rapids Housing Commission (GRHC) must verify all the assets of families receiving assistance under federal law. If official statements for assets held by your bank or other financial institution, such as savings and checking accounts, are not available, the GRHC will request verification directly from them.

Please read and sign the authorization statement allowing your bank or financial institution to release the requested information to the GRHC on your behalf. Then, fill out your bank or financial institution's contact information. Once signed, GRHC will forward the form to them to complete the remaining sections.

Each household member aged 18 or older must fill out a copy of this form.


Household Member Information							
Name:				Head of Household: <i>(if different)</i>			
Date of Birth:		SSN #:		Phone:		Email:	
Address:							
City:				State:		Zip Code:	

Bank or Financial Institution Information									
Name:									
Address:			City:			State:		ZIP Code:	
Phone:			Fax:			Email <i>(if available)</i> :			

Household Member Release		
I hereby authorize the release of the requested information to the Grand Rapids Housing Commission.		
_____	_____	_____
<i>Applicant/Resident Signature:</i>	<i>Printed Name:</i>	<i>Date (MM/DD/YYYY)</i>

Household Member: Do Not Continue!

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	<p>REASONABLE ACCOMMODATION NOTICE: IF YOU REQUIRE ASSISTANCE OR A REASONABLE ACCOMMODATION TO COMPLETE THIS FORM DUE TO A DISABILITY, PLEASE CONTACT OUR OFFICE AT 616-235-2600. WE ARE COMMITTED TO ENSURING EQUAL ACCESS TO OUR SERVICES AND WILL PROVIDE APPROPRIATE ASSISTANCE TO HELP YOU COMPLETE THIS FORM.</p>
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Bank/Financial Institution Instructions:

The individual above has authorized you to complete this form to help the Grand Rapids Housing Commission verify assets held at your institution. This information will be used only for HUD housing program requirements. Please complete each section below, entering zero where not applicable, then provide your contact information and sign.

Financial Information					
Checking Account					
Account #:		Average Balance: (past 6 months)	\$	Interest Rate:	%
Savings Account					
Account #:		Current Balance:	\$	Interest Rate:	%
Certificate of Deposit					
Account #:		Current Value:	\$	Interest Rate:	%
Money Market					
Account #:		Current Value:	\$	Interest Rate:	%

Notice of Federal Penalties for False Statements (18 U.S.C. § 1001)					
Federal law (18 U.S.C. § 1001) prohibits giving false or misleading information to the U.S. Government, including for housing programs administered by the Grand Rapids Housing Commission (GRHC) and the Department of Housing and Urban Development (HUD). This includes lying, hiding important facts, or submitting documents with false information. Violations may result in fines and up to 5 years in prison (or up to 8 years for certain serious offenses).					
I hereby certify that the information on this form about the individual's assets at this institution is true and accurate to the best of my knowledge. I understand that this information is being provided to the Grand Rapids Housing Commission to determine eligibility and assistance for a HUD program and may be subject to further verification.					
Print Name:		Title:		Phone:	
Preparer Signature			Date (MM/DD/YYYY)		

Return Instructions	
IMPORTANT: This form <u>must</u> be returned directly by the preparer. For regulatory compliance, GRHC cannot accept forms returned by the individual.	
Preferred Method	Email
Please scan and email the completed, signed form to:	ic@grhousing.org
Alternate Method	Fax or Mail
If email is <u>not possible</u> , you may return the form to:	Grand Rapids Housing Commission Attn: _____ 1420 Fuller Avenue, S.E. Grand Rapids, MI 49507 Phone: (616) 235-2600 Fax: (616) 235-2660